



Catholic Social Services of Washtenaw County
Alternatives to Domestic Aggression
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REFERRAL TO ADA

1. Referral Information (to be completed by the referring agency):

Date: ____/____/____ Date of Offense: ____/____/____ Probation Term: _____

Full Name: _____

Charge(s): _____

Date of Birth: ____/____/____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: () _____ - _____ Other Phone: () _____ - _____

2. Referral Source: ☐ Criminal Justice (*see below*) ☐ Therapist ☐ F.I.A. ☐ Other: _____

Name: _____ Phone: () _____ - _____

Address: _____

Pertinent Information: _____

Criminal Justice System Referral Source Only:

Referring Agency and/or Person(s) Name: _____

Title: ☐ Probation Officer ☐ Parole Officer ☐ Judge ☐ Magistrate

☐ District Court: _____ ☐ Circuit Court: _____ ☐ Juvenile Court

Court Case Number: _____ Sentencing Date: ____/____/____

Pertinent Information: _____

Prior Convictions: _____

3. Program Referred To:

☐ **Alternatives to Domestic Aggression** ☐ _____

4. Release Authorization (to be signed by the person being referred):

In signing this release I understand that I give permission for all parties listed on this form, designee, records department, successors, assigns and any personnel necessary to the performance of the duties of the individual and/or agency, to release information in my records. The purpose of this disclosure is to assist this agency and/or persons in arriving at an equitable and appropriate disposition of my case. This authorization will remain in effect until 90 days following my discharge from services at ADA. This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

Service Participant Signature

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date

Original - ADA

First Copy - Referral Source

Second Copy - Service Participant